

**MENASHA HEALTH DEPARTMENT - RESTAURANT / RETAIL FOOD SERVICE INSPECTION REPORT**

Business Name <b>Kwik Trip #743</b>		Business Address 1870 Hwy 10/114		County <b>Calumet</b>	ID # <b>11-24043</b>
Legal Licensee <b>Kwik Trip Inc.</b>		Mailing Address (Licensee) LaCrosse, WI		Telephone # (920 ) 830-0464	
Date of inspection 6/1/12	Bare Hand Contact Plan in Place <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Establishment <input type="checkbox"/> Restaurant <input checked="" type="checkbox"/> Retail	Is operator Certified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending <input type="checkbox"/> N/A		
<b>Inspection Type</b> <input type="checkbox"/> pre-inspection <input checked="" type="checkbox"/> routine inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Downtime <input type="checkbox"/> Non inspection visit		<b>Action Taken</b> <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional Permit 30 days <input type="checkbox"/> Withhold Permit <input type="checkbox"/> License suspended <input type="checkbox"/> License revoked <input type="checkbox"/> Other			
<b>Person in Charge</b> <b>Jessica Hartjes</b>		<b>CFM # and expiration</b> <b>CFM # KBRN-8EEQTA expiration date 1/16</b>			

FOODBORNE ILLNESS RISK FACTORS	
Circle designated compliance status for each item <b>IN</b> -in compliance <b>OUT</b> – out of compliance <b>N/O</b> – not observed <b>N/A</b> – not applicable	Mark an <b>X</b> in appropriate box for <b>COS</b> and/or <b>R</b> <b>COS</b> – corrected on site during inspection <b>R</b> - repeat violation

COMPLIANCE STATUS			COS	R	COMPLIANCE STATUS			COS	R
<b>DEMONSTRATION OF KNOWLEDGE</b>					<b>POTENTIALLY HAZARDOUS FOOD TEMPERATURE</b>				
1A	IN	Certified food manager, duties	<input type="checkbox"/>	<input type="checkbox"/>	16	NA	Proper cooking time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
1B	IN	Person in charge, ID knowledgeable, duties and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	17	IN	Proper re-heating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMPLOYEE HEALTH</b>					18	NO	Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
2	IN	Management awareness, policy present	<input type="checkbox"/>	<input type="checkbox"/>	19	IN	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
3	IN	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	20	IN	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD HYGENIC PRATICES</b>					21	OUT	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
4	IN	Proper eating, tasting, drinking	<input type="checkbox"/>	<input type="checkbox"/>	22	IN	Time as a public health control; procedures and record	<input type="checkbox"/>	<input type="checkbox"/>
5	IN	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<b>CONSUMER ADVISORY</b>				
<b>PREVENTING CONTAMINATION FROM HANDS</b>					23	NA	Consumer advisory supplied	<input type="checkbox"/>	<input type="checkbox"/>
6	IN	Hands cleaned and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<b>HIGHLY SUSEPTABLE POPULATIONS</b>				
7	IN	No bare hand contact or using approved plan	<input type="checkbox"/>	<input type="checkbox"/>	24	NA	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
8	IN	Adequate hand washing facilities supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHEMICAL</b>				
<b>APPROVED SOURCE</b>					25	NA	Food additives approved and properly use	<input type="checkbox"/>	<input type="checkbox"/>
9	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	26	OUT	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
10	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
11	IN	Food in good condition, safe, unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	27	NA	Compliance with variance, specialized process, HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
12	NA	Records available, shell stock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<b>Risk Factors:</b> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.  Risk factor violations should be corrected on site during the inspection unless there is some reason that correction cannot be immediately made.				
<b>PROTECTION FROM CONTAMINATION</b>									
13	IN	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>					
14	IN	Food contact surfaces cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>					
15	IN	Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>					

GOOD RETAIL PRACTICES									
Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food. Mark an X in box if item is not in compliance. Mark an X in appropriate box for COS/R. <b>COS</b> – corrected on site during inspection <b>R</b> - repeat violation									
<b>SAFE FOOD AND WATER</b>			<b>COS</b>	<b>R</b>	<b>PROPER USE OF UTENSILS</b>				
28	NA	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	41	IN	In use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>
29	IN	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	42	IN	Utensils equipment and linen properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
30	NA	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	43	IN	Single-use and Single service articles properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOOD TEMPERATURE CONTROL</b>					44	IN	Gloves properly used	<input type="checkbox"/>	<input type="checkbox"/>
31	IN	Proper cooling methods used; adequate equip. for temperature control.	<input type="checkbox"/>	<input type="checkbox"/>	<b>UTENSILS AND EQUIPMENT</b>				
32	NO	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	45	IN	Food and nonfood contact surfaces; cleanable, properly designed, constructed and used	<input type="checkbox"/>	<input type="checkbox"/>
33	IN	Approved thawing methods used.	<input type="checkbox"/>	<input type="checkbox"/>	46	IN	Warewash facilities; installed, maintained, and used	<input type="checkbox"/>	<input type="checkbox"/>
34	IN	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	47	IN	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOOD PROTECTION</b>					<b>PHYSICAL FACILITIES</b>				
35	IN	Food properly labeled original container	<input type="checkbox"/>	<input type="checkbox"/>	48	IN	Hot and cold water available, under pressure	<input type="checkbox"/>	<input type="checkbox"/>
36	IN	Pests and animals not present, no unauthorized persons	<input type="checkbox"/>	<input type="checkbox"/>	49	IN	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
37	IN	Contamination prevented during food preparation storage and display	<input type="checkbox"/>	<input type="checkbox"/>	50	IN	Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
38	IN	Personal cleanliness, jewelry	<input type="checkbox"/>	<input type="checkbox"/>	51	IN	Toilet facilities, properly constructed, supplied and clean	<input type="checkbox"/>	<input type="checkbox"/>
39	IN	Wiping cloths; properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	52	IN	Garbage and refuse, properly disposed facilities and maintained	<input type="checkbox"/>	<input type="checkbox"/>
40	NO	Plant food cooking for hot hold Washing all fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	53	IN	Physical facilities installed maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	54	IN	Adequate ventilation and lighting, designed and used.	<input type="checkbox"/>	<input type="checkbox"/>

Menu Review: Review Conducted ☒ yes ☐ no - New menu items ☐ Yes ☒ No New items

New processes: Does new process require variance ☐yes ☐ no

What interim step was taken pending variance

Addition to Consumer Advisory ☐ yes ☐ no New menu item which requires consumer advisory

Concerns / Corrections Suggested:

TEMPERATURES – Refrigeration/hot hold/cook					
Item / Location	Temp	Item / Location	Temp	Item / Location	Temp
walk in cooler	34°F	prep cooler	33°F	deli display	40°F
hot hold	137°F	hot hold	166°F	--	° F
Cook --	°F	Cook --	° F	Cook --	° F

WAREWASHING INFORMATION					
Machine Name	Sanitization Method	Thermo Label confirmed	PPM/ temp	Sanitizer Name / Approved Y/N	Sanitizer Type
	manual sanitize	<input type="checkbox"/> yes <input type="checkbox"/> No	other ppm / °F rinse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	QUAT

### CDC Risk Code Factor Abbreviations and Violation by Category Numbers Table

(Use this table to group CDC risk factor listed below with violation from page 1)

Unsafe Sources (US)	Inadequate Cooking (IC)	Improper Hold (IH)	Cross Contamination (CC)	Personal Hygiene (PH)	Other CDC Factors (O)
9	16	18	13	3	1A
10	17	19	14	4	1B
11		20	15	5	2
12		21		6	23
		22		7	24
				8	25
					26

For each violation cited, use above table and record CDC Risk Code Factor abbreviation (such as “US” or “IH”), violation number, list from the Wisconsin Food Code (WFC) the reference number that refers to the area in violation.

**Record CDC risk code abbreviation, violation # from 1<sup>st</sup> page, violation description, Food Code reference, corrective action, and score.**

CDC Code	Violation number	Description of violation, WFC Reference Number including code reference text / Corrective Action Required – Note date(s) of repeat violations on previous inspections.	Compliance Date/ Corrected on site (COS)
IH	21	<p>A container of ready to eat potentially hazardous food was noted in the prep cooler with a date of 5/31 which was in excess of the 7 day date mark period.</p> <p><b>WISCONSIN FOOD CODE REFERENCE</b> 3-501.17 Ready-to-Eat, Potentially Hazardous Food, Date Marking.C</p> <p>(A) Except as specified in ¶¶ (D), (E) and (G) of this section, refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD PREPARED and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold or discarded, based on the temperature and time combination of 5oC (41oF) or less for a maximum of 7 days. The day of PREPARATION shall be counted as Day 1.</p> <p>Note: Any system for internal marking or use to identify when a product should be disposed of is satisfactory.</p> <p>(B) Except as specified in ¶¶ (D), (E), (G) and (H) of this section, refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD PREPARED and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked at the time the original container is opened in a FOOD ESTABLISHMENT and, if</p>	COS

		<p>the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold or discarded, based on the temperature and time combinations specified in ¶ (A); and</p> <p>(1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and</p> <p>3-501.18 Ready-to-Eat, Potentially Hazardous Food, Disposition.C</p> <p>(A) A FOOD specified under ¶ 3-501.17(A) or (B) shall be discarded if it:</p> <p>(1) Exceeds either of the temperature and time combinations specified in 3-501.17(A), except time that the product is frozen;</p> <p>(2) Is in a container or package that does not bear a date or day; or</p> <p>(3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3-501.17(A).</p> <p>(B) Refrigerated, READY TO EAT, POTENTIALLY HAZARDOUS FOOD PREPARED in a FOOD ESTABLISHMENT and dispensed a vending machine with an automatic shutoff control shall be discarded if it exceeds a temperature and time combination as specified in 3-501.17(A).</p> <p><b>CORRECTIVE ACTION</b>  Product was ordered disposed of per 3-501.18(A)(1) product in excess of 7 day date mark period requires disposal. Please review date marking and stock rotation procedures with employees.</p>	
<b>O</b>	<b>26</b>	<p>Sanitizer concentration in the sanitizing sink was measured &gt;400ppm QUAT.</p> <p><b>WISCONSIN FOOD CODE REFERENCE</b></p> <p>7-202.12 Conditions of Use.C</p> <p>POISONOUS OR TOXIC MATERIALS shall be:</p> <p>(A) Used according to:</p> <p>(1) LAW and this Code,</p> <p>(2) Manufacturer's use directions included in labeling, and, for a pesticide, manufacturer's label instructions that state that use is allowed in a FOOD ESTABLISHMENT,</p> <p>(3) The conditions of certification, if certification is required, for use of the pest control materials, and</p> <p>(4) Additional conditions that may be established by the REGULATORY AUTHORITY; and</p> <p>(B) Applied so that:</p> <p>(1) A HAZARD to EMPLOYEES or other PERSONS is not constituted, and</p> <p>(2) Contamination including toxic residues due to drip, drain, fog, splash or spray on FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLE-SERVICE</p>	<b>COS</b>

	<p>and SINGLE-USE ARTICLES is prevented, and for a pesticide, this is achieved by:</p> <p>(a) Removing the items,</p> <p>(b) Covering the items with impermeable covers, or</p> <p>(c) Taking other appropriate preventive actions, and</p> <p>(d) Cleaning and SANITIZING EQUIPMENT and UTENSILS after the application.</p> <p>(C) A RESTRICTED USE PESTICIDE shall be applied only by an applicator certified and licensed in accordance to ss. 94.704 and 94.705 Wis. Stats.; and ss. ATCP 29.25 and 29.26 Wis. Adm. Code.</p> <p><b>CORRECTIVE ACTION</b></p> <p>Sanitizer strength must be as approved by the Wisconsin Department of Health Services and the Manufacturer's specifications. Test strips must be used to measure and confirm the appropriate concentration. It is recommended that a standard cup or other measuring container is used so that a set amount is added to a set amount of water. Reminder QUAT is to be used at 75F water.</p>	
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Use this section for Good Retail Practice (**GRP**) Violations

Violation #	Description of violation, WFC Reference Number / Corrective Action Required	Compliance Date/ Corrected during inspection
	<p><b>WISCONSIN FOOD CODE REFERENCE</b></p> <p><b>CORRECTIVE ACTION</b></p>	72 hours

#### Long term controls in place

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**Critical Violations which require greater than one re-inspection and/or repeated CDC Risk Factors violation(s) which are cited on 3 consecutive inspections shall result in the issuance of a re-inspection fee. Re-inspection fees are set based on the complexity of the establishment as follows:**

- **Complex restaurants \$250.00**
- **Moderate restaurants \$200.00**
- **Simple restaurants \$150.00**
- **Retail >1 M \$300.00**
- **Retail 25K-1M \$250.00**
- **Retail remaining \$200.00**

**Violations must be corrected by the compliance date, unless some arrangement has been made with Menasha Health Department. Re-inspection fees will be assessed to all CDC Risk Factor violations requiring more than (1) re-inspection or if the same CDC Risk Factor violation is cited on 3 consecutive inspections. Re-inspection fees will be billed to the owner of the establishment. Failure to pay re-inspection fee shall result in the following potential legal actions:**

- **Temporary revocation of license**
- **License will not be renewed pending payment**

- **Enforcement conference with licensee or licensee representative which would require signed compliance agreement.**

**Operators who wish to challenge the assessment of a re-inspection fee shall submit in writing circumstances and reason that they feel the re-inspection fee should not have been assessed. This statement must be submitted to the Public Health Director. The issue will then be addressed by the City of Menasha Board of Health. Any violations and /or enforcement shall be complied with pending appeal.**

**The City of Menasha posts all Health Department Inspection reports on the City of Menasha Web-Site.**

**Inspection Narrative and information on non-violation observations and/or suggestions:**

**I understand and agree to comply with the corrections ordered in this report. I understand the failure to comply could result in legal action including loss of license.**

<b>PIC signature or authorized employee</b>	<b>Date</b>	<b>Sanitarian Signature Todd Drew, R.S.</b>	<b>Date</b>

**Food Safety Fact Sheets Attached:**

<input type="checkbox"/> Employee Health	<input type="checkbox"/> Employee Reporting Agreement	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Bare hand contact
<input type="checkbox"/> Responsibilities of the PIC	<input type="checkbox"/> Disposable glove use	<input type="checkbox"/> Cross – Contamination	<input type="checkbox"/> Demonstration of Knowledge
<input type="checkbox"/> Cooling Procedures	<input type="checkbox"/> Thawing Procedures	<input type="checkbox"/> Active Managerial Control	<input type="checkbox"/> Certified Food Manager
<input type="checkbox"/> Consumer Advisory	<input type="checkbox"/> HACCP	<input type="checkbox"/> HACCP Hazard Analysis	<input type="checkbox"/> Serving Safe Food
<input type="checkbox"/> Pre-Inspection	<input type="checkbox"/> Time as a Health Control	<input type="checkbox"/> Allergens	<input type="checkbox"/> Thermometer Calibration
<input type="checkbox"/> Catering	<input type="checkbox"/> Cooking Temperatures	<input type="checkbox"/> Microwave Cooking	<input type="checkbox"/> Interpreting the Inspection Report
<input type="checkbox"/> Variance / HACCP	<input type="checkbox"/> Frozen Foods	<input type="checkbox"/> Receiving	<input type="checkbox"/> Chemical / Physical Contamination
<input type="checkbox"/> Common Foodborne Illnesses	<input type="checkbox"/> Outdoor Events	<input type="checkbox"/> Serving Safe Food	<input type="checkbox"/> Effective Sanitizing
<input type="checkbox"/> Organizing Coolers	<input type="checkbox"/> Date Marking		